

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. **A 171** Office of Registrar of Vital Statistics. Ward **14th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **June 2^d, 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mary Gray**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **85** Years, **1** Months, **✓** Days.

Color, **Colo**

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Laborer**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Balt. Md.**

Duration of Residence in the City of Baltimore, **Whole life**

Place of Death, { Give Street and Number. } **# 114, Stockton St.**

Cause of Death, { First (Primary), Second (Immediate), } **Chronic Men leg**
Arumia

Duration of Last Sickness, **Six mos.**

All the above information should be furnished by the Physician.

Place of Burial, **Laurel Cem**

Date of Burial, **Jun 4th 87**

{ Undertaker, **Wm J Gray** } **R. C. Smith** M. D.

{ Place of Business, **Mulberry St 210** } Address, **# 106 Columbia Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

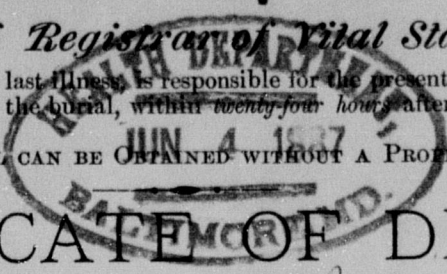
The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A. 172 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnus Thompson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, State St # 312

Place of Death, { Give Street and Number. } State St # 312

Cause of Death, { First (Primary), Second (Immediate), } Died 6:30 A.M. June 3rd/87 supposed from Convulsion while lying in bed with mother

Duration of Last Sickness, Found dead when noticed by mother

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 4th 1887

Undertaker, Wm. J. Gray L. G. Sparrow M. D. Medical Attendant

Place of Business, 210 N. Mul Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No. **A 173** Office of Registrar of Vital Statistics. Ward **15**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **Jan 23rd 1887**

Full Name of Deceased, **Patricia Jones** {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, **Male** or Female, {Cross out the word not required in this line.}

Age, **31** Years, **0** Months, **0** Days.

Color, **(Colored)** ✓

Married, **Single**, Widow or Widower, {Cross out the words not required in this line.}

Occupation, **Occupational**

Birth Place, {State or country, and how long in the United States, if of foreign birth.} **Accomac Co Va**

Duration of Residence in the City of Baltimore, **8 years**

Place of Death, {Give Street and Number.} **233 Hamilton St**

Cause of Death, {First (Primary), Second (Immediate),} **Phthisis**

Duration of Last Sickness, **4 Months**

All the above information should be furnished by the Physician.

Place of Burial, **Sharp St Cemetery**

Date of Burial, **June 5th 1887**

{ Undertaker, **Saml W Chase** } **Heard Cook** M. D. Medical Attendant.

{ Place of Business, **44 S Howard St** } Address, **578 E Cameron St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 174 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, Frances H Jenkins {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 88th Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation, _____

Birth Place, Maryland {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, about 80 years

Place of Death, 400 Cathedral St {Give Street and Number.}

Cause of Death, {First (Primary), Old age
Second (Immediate), _____}

Duration of Last Sickness, about 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 6th 87

{ Undertaker, Newfuss & Sons H. Jenkins M. D. Medical Attendant.

{ Place of Business, Park Heights Address, 400 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A. 175

Office of Registrar of Deaths.

Ward

3¹/₄

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 3. 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Myrtle Buff Fairbanks

Sex, *Male* or Female,

{ Cross out the word not required in this line. }

Age,

4 Years,

3 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balt Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

1802 Bough St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

*Tuberculosis Meningitis
Coma*

Duration of Last Sickness,

Twelve days

All the above information should be furnished by the Physician.

Place of Burial,

St. Cornel

Date of Burial,

June 4/87

Undertaker,

Wm S. Fry

M. D.

Place of Business,

301 1/2 Broadway

200 E. D. St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 176 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie A. Christian Lybrand.

Sex, Male or Female, { Cross out the word not required in this line. } Male. Parents

Age, Years, Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 811 Columbia Ave

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 4th 1887

Undertaker, C. B. Cook, James A. Shaw M. D.

Place of Business, W. Balt^o St. Address, Comm^r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunning Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 177

Office of Registrar of Vital Statistics.

Ward

14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 3rd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

James H. Johnson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

48

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Waiter

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore,

about 40 years

Place of Death,

{ Give Street and Number. }

Cornel Duberry Alley + Hollins St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Disease of the heart

Asthmatic Paroxysm

Duration of Last Sickness,

Sick about 10 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cem

Date of Burial,

June 5th 1887

Undertaker,

Alex Hensley

L. S. Spanow

M. D.

Medical Attendant.

Place of Business,

561 Orchard

Address.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

19 Ward

Permit No. A 178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Smith

~~Sex~~, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 14 Months, 14 Days.

Color, Negro Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 232 Bruce St

Duration of Residence in the City of Baltimore, 7 mo 14 days

Place of Death, { Give street and number. } 232 Bruce St

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) Inflammation Lungs

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, June 4 1887

{ Undertaker, William Dunge
Place of Business, 150 East St

Address 1613 Franklin St

A. H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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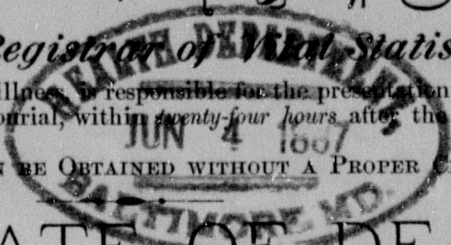
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 179 Office of Registrar of Vital Statistics. Ward 18^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 4th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Mary. Aarons.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, 4 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Batterman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1237. Wth Cross St

Cause of Death, { First (Primary), Second (Immediate), } Ch^l Infarction

Duration of Last Sickness, Few Hours

All the above information should be furnished by the Physician.

Place of Burial, Ch^l Shalem

Date of Burial, June 5th 1887

{ Undertaker, Dill & Sons. } James A. Stearns M. D. Medical Assendant.

{ Place of Business, Comm of Health & Registrar } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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John E. Dunning

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 180

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur D. Merriam

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 42 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk in Bank

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Oriskany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 1702 Harlem Ave

Cause of Death, { First (Primary), Diabetes }
Second (Immediate), _____

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 6, 1887

{ Undertaker, Am. C. Hickman, } Chas. Williams M. D. Medical Attendant.

{ Place of Business, 2340 N. Gay St., } Address, 900 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]